

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F66454

1. Entity Name

AMERICAN LIFESTYLE, INC.

Principal Place of Business

5655 CARDER RD.  
ORLANDO FL 32810-4709  
US

Mailing Address

5655 CARDER RD.  
ORLANDO FL 32810-4741  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
32810

Country

Zip  
32810

Country

4. FEI Number

59-2158202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUFFINE, ROBERT A  
5655 CARDER RD.  
ORLANDO FL 32810

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PAS  
NAME HUFFINE, ROBERT A.  
STREET ADDRESS 5655 CARDER RD.  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE V  
NAME WALLER, CHRISTINE A.  
STREET ADDRESS 125 HARROGATE PLACE  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Change ☒ Addition

TITLE VP  
NAME HUFFINE, MARJORIE  
STREET ADDRESS 700 PALMER AVE  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE D  
NAME MULLIS, JOHN  
STREET ADDRESS 560 ALEXANDER AVENUE  
CITY-ST-ZIP DELTONA, FL 32738 ☐ Change ☒ Addition

TITLE D  
NAME HUFFINE, ROBERT A.  
STREET ADDRESS 5655 CARDER RD.  
CITY-ST-ZIP ORLANDO FL ☒ Delete

TITLE P  
NAME HUFFINE, ROBERT A.  
STREET ADDRESS 5655 CARDER RD.  
CITY-ST-ZIP ORLANDO FL 32810 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE S  
NAME HUFFINE, MARJORIE  
STREET ADDRESS 700 PALMER AVE.  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. HUFFINE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

407-295-0096

Date

Daytime Phone #

CR2E034 (9/99)